

<b>PHYSICAL DATA AND APTITUDE TEST SCORES UPON RELEASE FROM ACTIVE DUTY</b>		DATE
For use of this form, see AR 635-5; the proponent agency is MILPERCEN.		
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>		
AUTHORITY:	Section 301, Title 5, USC.	
PRINCIPAL PURPOSE:	To authorize your reenlistment within a specified time, without physical examination or without the requirement for mental retesting.	
ROUTINE USES:	To document your physical status at time of separation and to record results of prior mental aptitude tests. <i>(A copy of this form will be placed in your Military Personnel Records Jacket, U.S. Army.)</i>	
DISCLOSURE OF YOUR SSN AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, INDIVIDUALS WHO DO NOT DISCLOSE THE INFORMATION WILL BE REQUIRED TO TAKE THE PHYSICAL EXAMINATION AND THE MENTAL APTITUDE TESTS REQUIRED FOR REENLISTMENT.		
<b>INSTRUCTIONS</b>		
Prepare in triplicate. Original and duplicate will be given to individual concerned. Triplicate will be filed in individual's Military Personnel Records Jacket.		
LAST NAME - FIRST - MIDDLE INITIAL	GRADE	SSN
<b>APTITUDE TEST SCORES</b>		
ENLISTMENT OR REENLISTMENT WITHOUT MENTAL RETEST IS AUTHORIZED PROVIDED ENLISTMENT OR REENLISTMENT IS ACCOMPLISHED WITHIN ONE YEAR AFTER DATE OF SEPARATION. YOUR RECORDED APTITUDE AREA SCORES ARE AS FOLLOWS:		
<b>ASVAB SCORES</b>		<b>ACB - 73 SCORES</b>
GT _____	GM _____	CO _____
EL _____	CL _____	(IN, CO-A) _____
MM _____	SC _____	EL _____
CO _____	FA _____	OF _____
OF _____	ST _____	GM _____
<b>AFQT/WST SCORE</b> _____		MM _____
		CL _____
		ST _____
		GT _____
		SC _____
<b>PHYSICAL STATUS</b>		
YOUR PHYSICAL CONDITION ON _____ IS SUCH THAT YOU ARE CONSIDERED PHYSICALLY QUALIFIED		
<i>(Date of Separation)</i>		
FOR SEPARATION OR FOR REENLISTMENT WITHOUT REEXAMINATION, PROVIDED YOU REENLIST WITHIN 6 MONTHS AND STATE THAT YOU HAVE NOT ACQUIRED NEW DISEASES OR INJURIES DURING THE INTERVAL PERIOD WHEN NOT A MEMBER OF THE MILITARY SERVICE.		
YOUR PHYSICAL PROFILE ON DATE OF SEPARATION IS:		
TYPED NAME, GRADE, AND TITLE OF PERSONNEL OFFICER	SIGNATURE	
<b>STATEMENT OF PHYSICAL STATUS AT TIME OF ENLISTMENT</b>		
HAS THERE BEEN ANY CHANGE IN YOUR PHYSICAL CONDITION SINCE YOU WERE SEPARATED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, DESCRIBE BELOW)</i>		
DATE	SIGNATURE OF INDIVIDUAL BEING SEPARATED	

<b>PHYSICAL DATA AND APTITUDE TEST SCORES UPON RELEASE FROM ACTIVE DUTY</b>		DATE
For use of this form, see AR 635-5; the proponent agency is MILPERCEN.		
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>		
AUTHORITY:	Section 301, Title 5, USC.	
PRINCIPAL PURPOSE:	To authorize your reenlistment within a specified time, without physical examination or without the requirement for mental retesting.	
ROUTINE USES:	To document your physical status at time of separation and to record results of prior mental aptitude tests. <i>(A copy of this form will be placed in your Military Personnel Records Jacket, U.S. Army.)</i>	
DISCLOSURE OF YOUR SSN AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, INDIVIDUALS WHO DO NOT DISCLOSE THE INFORMATION WILL BE REQUIRED TO TAKE THE PHYSICAL EXAMINATION AND THE MENTAL APTITUDE TESTS REQUIRED FOR REENLISTMENT.		
<b>INSTRUCTIONS</b>		
<i>Prepare in triplicate. Original and duplicate will be given to individual concerned. Triplicate will be filed in individual's Military Personnel Records Jacket.</i>		
LAST NAME - FIRST - MIDDLE INITIAL	GRADE	SSN
<b>APTITUDE TEST SCORES</b>		
ENLISTMENT OR REENLISTMENT WITHOUT MENTAL RETEST IS AUTHORIZED PROVIDED ENLISTMENT OR REENLISTMENT IS ACCOMPLISHED WITHIN ONE YEAR AFTER DATE OF SEPARATION. YOUR RECORDED APTITUDE AREA SCORES ARE AS FOLLOWS:		
<b>ASVAB SCORES</b>		<b>ACB - 73 SCORES</b>
GT _____	GM _____	CO _____
EL _____	CL _____	(IN, CO-A) _____
MM _____	SC _____	EL _____
CO _____	FA _____	GM _____
OF _____	ST _____	CL _____
<b>AFQT/WST SCORE</b> _____		FA _____
		(AE, CO-B) _____
		OF _____
		MM _____
		ST _____
		SC _____
<b>PHYSICAL STATUS</b>		
YOUR PHYSICAL CONDITION ON _____ IS SUCH THAT YOU ARE CONSIDERED PHYSICALLY QUALIFIED		
<i>(Date of Separation)</i>		
FOR SEPARATION OR FOR REENLISTMENT WITHOUT REEXAMINATION, PROVIDED YOU REENLIST WITHIN 6 MONTHS AND STATE THAT YOU HAVE NOT ACQUIRED NEW DISEASES OR INJURIES DURING THE INTERVAL PERIOD WHEN NOT A MEMBER OF THE MILITARY SERVICE.		
YOUR PHYSICAL PROFILE ON DATE OF SEPARATION IS:		
TYPED NAME, GRADE, AND TITLE OF PERSONNEL OFFICER	SIGNATURE	
<b>STATEMENT OF PHYSICAL STATUS AT TIME OF ENLISTMENT</b>		
HAS THERE BEEN ANY CHANGE IN YOUR PHYSICAL CONDITION SINCE YOU WERE SEPARATED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, DESCRIBE BELOW)</i>		
DATE	SIGNATURE OF INDIVIDUAL BEING SEPARATED	

<b>PHYSICAL DATA AND APTITUDE TEST SCORES UPON RELEASE FROM ACTIVE DUTY</b>		DATE
For use of this form, see AR 635-5; the proponent agency is MILPERCEN.		
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>		
AUTHORITY:	Section 301, Title 5, USC.	
PRINCIPAL PURPOSE:	To authorize your reenlistment within a specified time, without physical examination or without the requirement for mental retesting.	
ROUTINE USES:	To document your physical status at time of separation and to record results of prior mental aptitude tests. <i>(A copy of this form will be placed in your Military Personnel Records Jacket, U.S. Army.)</i>	
DISCLOSURE OF YOUR SSN AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, INDIVIDUALS WHO DO NOT DISCLOSE THE INFORMATION WILL BE REQUIRED TO TAKE THE PHYSICAL EXAMINATION AND THE MENTAL APTITUDE TESTS REQUIRED FOR REENLISTMENT.		
<b>INSTRUCTIONS</b>		
Prepare in triplicate. Original and duplicate will be given to individual concerned. Triplicate will be filed in individual's Military Personnel Records Jacket.		
LAST NAME - FIRST - MIDDLE INITIAL	GRADE	SSN
<b>APTITUDE TEST SCORES</b>		
ENLISTMENT OR REENLISTMENT WITHOUT MENTAL RETEST IS AUTHORIZED PROVIDED ENLISTMENT OR REENLISTMENT IS ACCOMPLISHED WITHIN ONE YEAR AFTER DATE OF SEPARATION. YOUR RECORDED APTITUDE AREA SCORES ARE AS FOLLOWS:		
<b>ASVAB SCORES</b>		<b>ACB - 73 SCORES</b>
GT _____	GM _____	CO _____
EL _____	CL _____	(IN, CO-A) _____
MM _____	SC _____	EL _____
CO _____	FA _____	OF _____
OF _____	ST _____	GM _____
<b>AFQT/WST SCORE</b> _____		MM _____
		CL _____
		ST _____
		GT _____
		SC _____
<b>PHYSICAL STATUS</b>		
YOUR PHYSICAL CONDITION ON _____ IS SUCH THAT YOU ARE CONSIDERED PHYSICALLY QUALIFIED <span style="display: block; text-align: center; font-size: small;">(Date of Separation)</span>		
FOR SEPARATION OR FOR REENLISTMENT WITHOUT REEXAMINATION, PROVIDED YOU REENLIST WITHIN 6 MONTHS AND STATE THAT YOU HAVE NOT ACQUIRED NEW DISEASES OR INJURIES DURING THE INTERVAL PERIOD WHEN NOT A MEMBER OF THE MILITARY SERVICE.		
YOUR PHYSICAL PROFILE ON DATE OF SEPARATION IS:		
TYPED NAME, GRADE, AND TITLE OF PERSONNEL OFFICER	SIGNATURE	
<b>STATEMENT OF PHYSICAL STATUS AT TIME OF ENLISTMENT</b>		
HAS THERE BEEN ANY CHANGE IN YOUR PHYSICAL CONDITION SINCE YOU WERE SEPARATED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, DESCRIBE BELOW)</i>		
DATE	SIGNATURE OF INDIVIDUAL BEING SEPARATED	